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**TRANSMITTAL  
FORM**

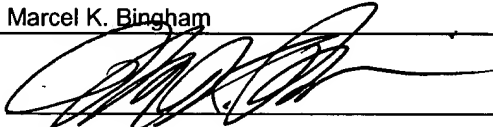
(to be used for all correspondence after initial filing)

<b>Application Number</b>	09/258,013
<b>Filing Date</b>	February 25, 1999
<b>First Named Inventor</b>	Alok Kumar SRIVASTAVA
<b>Group Art Unit</b>	2142
<b>Examiner Name</b>	Beatriz PRIETO
<b>Attorney Docket Number</b>	50277-0236
<b>Total Number of Pages in This Submission (including this page in duplicate &amp; postcard)</b>	60

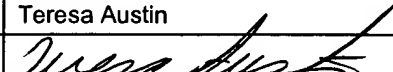
**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form (1 pg) (in duplicate) <input checked="" type="checkbox"/> Fee Attached (Check in the sum of \$440.00) <input checked="" type="checkbox"/> Amendment After Final Office Action (9 pgs) <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 <sup>st</sup> month: \$110.00) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition To Convert To a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Brief) (48 pgs) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Acknowledgment of Receipt postcard   
<b>Remarks</b> Throughout the pendency of this application, please charge any additional fees, including any required extension of time fees, and credit all overpayments to deposit account 50-1302. A duplicate of this sheet is enclosed.		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

<b>Firm or Individual name</b>	Hickman Palermo Truong & Becker LLP Marcel K. Bingham
<b>Signature</b>	 Date: September 27, 2004

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class: mail in an envelope addressed to: Mail Stop Appeal Brief-Patents, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date:			
			September 27, 2004
<b>Type or printed name</b>	Teresa Austin		
<b>Signature</b>		<b>Date</b>	September 27, 2004

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